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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

1077379

10/5/6

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	23	minus 20 = 3
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		
<i>119+5-16-17-18-19-20-21-22-23-24</i>		
If the difference in column 1 is less than zero, enter "0" in column 2.		

SMALL ENTITY

OR

RATE	FEES
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL _____	

OTHER THAN
SMALL ENTITY

OR

RATE	FEES
	\$ 790
X \$ 50	= 150
X \$ _____	= _____
+\$ _____	= _____
TOTAL 940	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
					Minus	=
Total (37 CFR 1.16(c))	*		Minus	**	=	
Independent (37 CFR 1.16(b))	*		Minus	***	=	

SMALL ENTITY

OR

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL ADD'L FEE _____	

OTHER THAN
SMALL ENTITY

OR

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL ADD'L FEE _____	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
					Minus	=
Total (37 CFR 1.16(c))	*		Minus	**	=	
Independent (37 CFR 1.16(b))	*		Minus	***	=	

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL ADD'L FEE _____	

RATE ADDITIONAL FEE

OR

RATE	ADDITIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL ADD'L FEE _____	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
					Minus	=
Total (37 CFR 1.16(c))	*		Minus	**	=	
Independent (37 CFR 1.16(b))	*		Minus	***	=	

RATE	ADDI- TIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL ADD'L FEE _____	

RATE ADDITIONAL FEE

OR

RATE	ADDITIONAL FEE
X \$ _____	= _____
X \$ _____	= _____
+\$ _____	= _____
TOTAL ADD'L FEE _____	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

OCT. 5. 2006 5:36PM

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OCT 05 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Frankel and Koysk

Serial No.: 10/717,379

Filed: November 19, 2003

For: FENESTRATED BONE TAP AND
METHOD

Attorney Docket No.: 7177.US.01

Group Art Unit: 3732

Examiner: A. Ramana

Certificate of Mailing under 37 CFR §1.8(a):
I hereby certify that this paper (along with any
paper referred to as being attached or enclosed) is
being transmitted via facsimile, said transmission
to be completed before midnight Eastern time on
the date shown below, addressed to the following
recipient:

Commissioner for Patents
Attn: Examiner Anu Ramana
Group Art Unit 3733
Recipient Telefax Number: (571) 273-8300

Date of Deposit: October 5, 2006

Beth A. Vrioni
Beth A. Vrioni

AMENDMENT AND RESPONSE TO OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 5, 2006, please amend the above-referenced
application as follows.

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this
paper.

Remarks begin on page 5 of this paper.

1801-790
1202-150
1253-1020

PAGE 4/9 * RCV'D AT 10/5/2006 6:29:28 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/15 * DNIS:2738300 * CSID: * DURATION (mm:ss):02:54

Application Serial No.: 10/717,379
Amendment and Response dated January 5, 2006
Reply to Office Action of October 6, 2005

The Commissioner is hereby authorized to charge any additional Filing Fees required under 37 CFR § 1.16, as well as any patent application processing fees under 37 CFR § 1.17 associated with this communication for which full payment had not been tendered, to Deposit Account No. 01-0025.

The examiner is invited to contact the undersigned at the phone number indicated below with any questions or comments, or to otherwise facilitate expeditious and compact prosecution of the application.

Respectfully submitted,
Frankel and Koysk

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